

day labs and concurrent transfusions were determined. Nurses and doctors were asked what issues they might have about an off-campus location. Patient Focus groups were held and the literature reviewed for evidence-based best practices. The Facilities representatives educated us on regulatory and building codes. This information led the Team to recommend that an off-site chemotherapy clinic be developed.

The business plan demonstrated that the project was viable and a suitable location was found that met all criteria. The Center opened to enthusiastic reviews in October 2006 and the Patient Satisfaction Survey results reveal highly satisfied patients.

The nurses were integral in describing the operational processes and patient safety considerations that had to be considered throughout the development of the business and operations plans. At each potential location, one or two nurses assessed accessibility, safety, throughput potential, and the work environment. Once a location was selected, the expertise of the oncology nurse became even more important in the design of the space and operational processes.

1928

AN EXPLORATION OF HOW CONTEXTUAL FACTORS INFLUENCE THE HISPANIC CANCER PATIENTS' ATTITUDES TOWARD INTERNET CANCER SUPPORT GROUPS (ICSGS). Enrique Guevara, MSN, RN, Eun-Ok Im, PhD, RN, MPH, CNS, FAAN, and Wonshik Chee, PhD, University of Texas at Austin, Austin, TX.

Cancer accounts for 20% of deaths in Hispanics in the United States. Internet cancer support groups have been shown to be beneficial in helping patients with coping strategies. Hispanic participation in support groups is lacking.

The purpose is to explore how contextual factors influence the Hispanic cancer patients' attitudes toward Internet cancer support groups through a secondary analysis of qualitative data from a larger study on cancer pain experience of patients in the United States.

The feminist perspective forms the theoretical underpinnings for this study.

A secondary analysis of the data collected from a larger study on cancer pain management was conducted. The study included both quantitative Internet survey and qualitative online forums. For this secondary analysis, online forum data among 15 Hispanic cancer patients were evaluated using a thematic analysis to explore common themes in their attitudes toward Internet cancer support groups. Also, the Internet survey data among the 15 participants were analyzed to describe their sociodemographic characteristics using descriptive statistics. The participants of the online forum were recruited among 105 Hispanic Internet survey participants of the larger study using a convenience sampling method, and the online forum data were collected using 10 discussion topics related to cancer pain experience. The Internet survey data analyzed in this study were collected using Internet survey questionnaire including sociodemographic questions and self-reported health/disease status.

Three themes related to Hispanic cancer patients' attitudes toward ICSGs emerged from this preliminary on-going analysis. First, the cultural value of familism influenced cancer patients' attitudes toward ICSGs. Due to familism, the family often took the place of the formal support group among Hispanic cancer patients. Hispanic cancer patients tended to have negative attitudes toward ICSGs because the Internet requires non-face-to-face interactions. Second, many of the participants of the study were not able to participate in ICSGs due to the language barriers. Lastly, Hispanic traditional gender roles had an impact on Hispanic women's participation in ICSGs. The researcher should know the strengths and weaknesses of using the Internet method for support group structure among Hispanic cancer patients in order to further research with the Internet cancer support groups.

1929

THE LEADERSHIP ROLE OF THE CNS IN ONCOLOGY PROGRAM DEVELOPMENT. Karen Stephenson, RN, OCN®, MSN, MBA, Mercy Hospital, Miami, FL.

This poster describes the Clinical Nurse Specialist's leadership role in building an oncology service line through the advancement of nursing practice, program improvement initiatives, and staff education. This advanced practice nurse leads efforts to develop staff and programs to provide evidence-based outcome-guided practice.

We designed our cancer program "pyramid" on a strong foundation – the mission and vision of the organization; financial viability; innovative, cutting edge cancer technologies; and nursing and physician excellence. Our "pyramid" includes basic and critical building blocks: evidence based practice, patient care services across the continuum, collaboration with community liaisons, and health and wellness programs. Some challenges to growing this service line include providing caring practices in a multicultural hospital, promoting our reputation and long standing community relationships, and identifying, defining, and promoting cancer services to our customers.

During our program expansion, the CNS created an environment through mentoring and system change that empowered nurses to serve as patient advocates.

Through the leadership of the CNS, in collaboration with members of the healthcare team, our organization is committed to providing and coordinating quality cancer care for our community.

1932

DEVELOPMENT OF AN ADVANCED PRACTICE ONCOLOGY NURSE FELLOWSHIP. Joyce Dains, DrPH, JD, RN-BC, FNP, NAP, Carol Dallred, RN, MSN, WHCNP, Joyce Neumann, RN, MS, CNS, OCN®, and Barbara Summers, PhD, RN, U.T. M.D. Anderson Cancer Center, Houston, TX.

Preparation for advanced practice nursing in oncology was challenged when the state Board of Nurse Examiners ceased to recognize oncology nursing as an advanced practice specialty. We developed a year-long post-graduate fellowship in oncology nursing to provide advanced practice nurses the opportunity to develop expertise in cancer care.

The purpose of the fellowship is to promote advanced practice preparation in oncology nursing and to enhance expertise in cancer care at the advanced practice level. Fellows gain in-depth knowledge and experience in evidence-based clinical oncology practice through a structured curriculum, and grow into increasingly independent practice under the guidance of APN preceptors.

Chief elements of program development included gaining support of stake holders, partnering with a school of nursing, establishing a multidisciplinary curriculum, identifying appropriate outcomes and evaluation criteria, marketing the program, and implementing a competitive selection process. Unique to this program, fellows are hired as employee-trainees in full salaried positions. All fellows complete a core curriculum lasting 4-6 months that includes mandatory rotations and classes that cover the full spectrum of cancer care, both inpatient and outpatient, and 9 hours of post graduate credit at the school of nursing. Each fellow selects a specialty focus for the remainder of the fellowship for concentrated clinical practice and experiences.

We were successful in bringing the fellowship from inception to implementation in less than a year. The competitive process ensured selection of fellows with the skills, motivation, and flexibility essential to their success. The employee-trainee status enables fellows to participate in all aspects of patient care, congruent with roles and function of APNs at the institution, and to enjoy full employee benefits. Fellows are expected to complete an evidence-based practice